

Renal Services (UK) Limited

# Renal Services (UK) Ltd -Hamilton

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We carried out an inspection of Renal Services (UK) Ltd Hamilton using our comprehensive inspection methodology on 31 May 2022. The inspection was carried out following a previous inspection on 21 July 2021 from which the service was rated inadequate and placed in special measures. Although the service still needs to make some improvements to the safety and quality of care, enough progress has been made to remove the service from special measures.

We inspected the five key questions of: safe, effective, caring, responsive and well led.

This is the second inspection for this service.

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

However:

- Not all staff always followed infection control procedures and patient record keeping was not always in line with safe practice.
- Oversight of emergency equipment was not always safe as out of date items were found in the emergency trolley despite checks being carried out.
- Oxygen cylinder storage was not always safe.
- Visualisation of patients was not always safe. Staff needed to ensure they had a better visualisation of fistulas to prevent venous needle dislodgement.

# Summary of findings

## Our judgements about each of the main services

### Service

### Dialysis services

### Rating

Good



### Summary of each main service

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# Summary of findings

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# Summary of this inspection

## Background to Renal Services (UK) Ltd -Hamilton

Renal Services (UK) Ltd - Hamilton provide regular dialysis to NHS patients living in Leicester and the surrounding area. Renal Services (UK) Limited, an independent healthcare provider, has operated Renal Services (UK) Ltd – Hamilton dialysis centre since December 2019. This was the second inspection of the service since its registration with the CQC.

The location has a waiting area, two clinic rooms, 36 treatment stations including six side rooms.

The service can treat up to 180 patients and provide a total maximum of 540 dialysis sessions in a week. Clinics are undertaken for the patients treated at Renal Services (UK) Ltd - Hamilton and these are managed by the local NHS trust.

The unit is open Monday, Wednesday and Friday from 7am to 11.30 pm and Tuesday, Thursday and Saturday from 7am to 7pm. The local NHS trust commissions the dialysis service for patients who are established on regular dialysis. There are two consultants from the NHS trust attached to the service who lead the care and treatment for their patients using the dialysis service at Renal Services (UK) Ltd – Hamilton. The consultants prescribe treatments and there is a contract of what the trust commissions from the dialysis service.

The service is registered to provide the regulated activity of treatment of disease, disorder and injury.

The service has had a registered manager in place since registration.

This was an unannounced inspection.

## How we carried out this inspection

We visited the service on 31 May 2022. The inspection team comprised of a lead inspector, an inspector and a specialist advisor. During the inspection we spoke with six members of staff, four patients who were receiving dialysis and observed clinical practice and staff handovers. Following the inspection, we reviewed eight staff files, we spoke with one staff member and reviewed documents including but not limited to; training documentation, staff appraisals, staff files, policy documents and a variety of governance information.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The service must ensure patient records are an accurate record, up to date and include all decisions taken in relation to care and treatment. Regulation 17: Good governance.

# Summary of this inspection

## Action the service SHOULD take to improve:

- The service should ensure all risks relating to the health, safety and welfare of service users and others who may be at risk are assessed, monitored and mitigated.
- The service should ensure governance processes are effective in assessing, monitoring and improving the quality and safety of services provided.
- The service should ensure all mandatory training modules compliance levels are in line with targets.
- The service should ensure systems are in place to manage the risk of the spread of infection to provide assurance service users are not put at risk.
- The service should consider how it can support patients with individual specific communication needs.
- The service should ensure equipment checks are carried out safely and out of date items are identified and removed to avoid any potential patient harm.
- The service should ensure that daily water checks to measure the chlorine levels are accurate and acted on to maintain patient safety.
- The service should ensure oxygen cylinders which are empty are stored separately from full or half full cylinders.
- The service should ensure staff are monitoring patients' fistulas to prevent venous needle dislodgement
- The service should ensure actions to improve practice are identified and implemented following audits.

# Our findings






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Dialysis services	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good



# Dialysis services

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Dialysis services safe?

Requires Improvement 

Our rating of safe improved. We rated it as requires improvement.

### Mandatory training

**The service provided mandatory training in key skills to all staff and most staff had completed it.**

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw electronic records with details of training completed and dates when updates were due.

Bank and agency staff were assessed using a competency checklist which was overseen by a senior member of the team. We were told by the service that bank and agency staff completed mandatory training and evidence would be provided prior to them working at the service.

Training completed was a mixture of online training, face to face sessions and observed practice and feedback.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed 26 modules which included but was not limited to basic life support, infection prevention and control, manual handling, understanding dementia, equality and diversity, health and safety, Evidence provided by the service after our inspection showed the majority of staff compliance with mandatory training was above the service target of 90%. However, some modules were below the target. For example; for information governance (68%), manual handling (72%), consent (88%), equality diversity and human rights (88%) and handling violence (72%).

All staff had completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

## Dialysis services

Staff received training specific for their role on how to recognise and report abuse. The clinic manager was trained to level three safeguarding for adults and level three safeguarding for children. The service met its 90% target for level three safeguarding training for children and level 3 safeguarding training for other staff. However, the completion for level 2 safeguarding children was 88%.

Staff we spoke with told us they knew how to identify adults and children at risk of, or suffering, abuse and worked with other agencies to protect them. One staff member we spoke with described an occasion where a concern had been identified, the action taken to protect a patient for potential financial abuse and the escalation process.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

### Cleanliness, infection control and hygiene

**The service generally performed well for cleanliness. Most staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, there was an instance when staff did not follow best practice.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All the areas we visited on the unit were visibly clean. We observed staff cleaning workstations between treatments.

Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. We have seen evidence of deep clean schedules and actions from cleaning audits which were completed regularly. The utility rooms and dirty and clean laundries were well organised and clean.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service used 'I am clean' stickers on equipment to show cleaning has been done daily.

Hand hygiene audits has been completed with staff at regular intervals. The results of the most recent audit were below the service expected score of 90%. The audits would be completed at weekly intervals until the score improved.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff received training on the donning and doffing of PPE and we observed staff using equipment correctly.

Six isolation rooms were available for patients who may need them. This included patients with specific blood borne viruses (BBVs). The dialysis machines in these rooms were designated for this purpose to prevent cross contamination.

Every person who attended the clinic, including staff, patients and visitors had their temperature taken on arrival. The service followed the local NHS trust policy for patient Covid-19 testing which was weekly, and all results were kept on the trust's renal database. Patients were encouraged to declare any symptoms prior to attending the service for dialysis. Staff at the service tested themselves at home twice weekly in line with the provider's Standard Operating Procedure for the Management of COVID-19 in the Dialysis Units. All individuals were asked to declare if they had any symptoms of COVID-19 or had been in recent contact with someone who had tested positive such as a family member. If a patient was identified as having symptoms during dialysis they were isolated until the treatment was complete. Patients with a positive PCR test would be treated in one of the isolation rooms available.

There were adequate supplies of antibacterial hand gel in all areas of the unit including at the main entrances.

# Dialysis services

Staff worked effectively to prevent, identify and treat dialysis access site infections. The service had reported one line infection in the six month period from June 2021 to December 2021. The service reported no *Methicillin-resistant Staphylococcus aureus* (MRSA) infections for 2021 and the period of January 2022 up to our inspection on 31 May 2022.

However, when we asked about the procedure for the external decontamination of equipment the clinic manager was unable to clarify the procedure. The service has since supplied us with their standard operating procedure for the external decontamination.

We saw that the Monkey Pox virus had been discussed at the clinical managers team meeting and the recommended NHS Guidance had been shared.

There was one occasion when staff did not follow aseptic non-touch techniques (ANTT). ANTT is used to prevent the spreading of germs and infections to a patient. For example, a member of staff touched a sharps bin to dispose of equipment and then continued the process of putting a patient on haemodialysis equipment. The service had an aseptic non-touch technique policy and provided evidence that staff had completed training. We also saw ANTT audits that had been completed with staff and that on one occasion feedback had been given to a member of staff about their technique and how to improve. Following our last inspection individual training plans have been implemented to include ANTT training.

## Environment and equipment

**The design, maintenance and use of some facilities, premises and equipment was not always safe. However, staff were trained to use them, and staff managed clinical waste well.**

Patients could reach call bells and staff responded quickly when called. We observed staff responding to call bells and taking appropriate action. The service provided training to all staff on the use of calls bells.

The design of the environment followed national guidance. The environment was clean and spacious. The service was well organised and there was a calm atmosphere.

Staff carried out daily safety checks of specialist equipment. We saw evidence of regular equipment checks and audits on medicine fridges, utility room temperature and kitchen fridges. We saw evidence of action taken following audits where concerns were raised.

We found items on the resuscitation trolley that were out of date in the patient area of the unit despite checks being carried out on that trolley the same day. This was brought to the attention of the clinic manager and immediate action was taken to replace the out of date items.

During our inspection we saw that daily tap flushing was being done consistently. However, we found that for the previous nine days the concentration of chlorine in the water had been at 0.1mg/L which was above the less than 0.1 mg/L concentration which is required. This was the maximum level allowed for patient exposure to chloramine (combined chlorine). We discussed this with the clinic manager and they were unaware of the levels and it had not been escalated. This was followed up at the time of our inspection and the member of staff testing the chlorine water levels stated that a new brand of testing strip was being used and this had caused confusion in the readings. Following our inspection, the provider explained to us that this had been as a result of a change in manufacturer. We were assured that action would be taken to monitor the chlorine levels accurately and safely with the new testing equipment. Evidence provided following our inspection confirmed that all monthly laboratory water check results were within the acceptable levels.

# Dialysis services

The service had enough suitable equipment to safely care for patients. We checked a range of electrical equipment and found they had all been safety tested within required timescales.

Staff disposed of clinical waste safely. Each dialysing station had a sharps bin, and these were emptied safely and on a regular basis.

Substances subject to control of Substances Hazardous to Health (COSHH) regulations were safely stored in line with requirements. Risk assessments were in place for all relevant products such as dialysing fluids and cleaning products.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff responded promptly to any sudden deterioration in a patient's health. Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff completed patient assessments including general observations, patient history, vascular access and any signs of poor health such as poor healing or signs of dehydration were also recorded.

The service had a tool for assessing patients for sepsis, risk of falls and deterioration in general health. The service had a national early warning score system for recognising deteriorating patients. Staff did not always have a clear view of patients' fistulas to prevent venous needle dislodgement. For example, we saw three patients who were covered with a blanket so the fistula could not be viewed clearly and checked.

Staff we spoke with told us they would contact the on-call consultant at the NHS trust if they had any concerns or call an ambulance in an emergency. Staff were trained in basic life support and anaphylaxis to support patients with urgent needs.

Staff identified patients using pictures in each patient file prior to commencing treatment.

Dialysis machines had alarms to alert staff to any clinical changes in a patient such as blood pressure. We observed staff responding to these alarms and taking appropriate action.

Shift changes and handovers included all necessary key information to keep patients safe. We saw the staff handover meeting and there was a thorough discussion of each patient and any concerns or risks to be monitored were raised and documented.

## Staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The number of nurses and healthcare assistants matched the planned numbers. The service was staffed to maintain a ratio of one member of staff to three patients with a skill mix of 70% registered nursing staff to 30% of unregistered staff such as healthcare assistants. This was in line with the national workforce guidance for renal services.

# Dialysis services

The service used a high number of bank and/or agency staff. On average, over a period of a month, the service used between 12% and 14% of either bank, agency or internal agency staff. Where possible the service used staff, who had worked at the service previously or where familiar with renal services.

## Records

**Patient records were not always completed comprehensively and did not always reflect the patients' care and treatment. Records were stored securely and easily available to all staff providing care. Patients notes were both paper-based and electronic.**

Senior nurses undertook patient file audits. Service audits identified no consistent gaps in documentation or themes. However, we reviewed four sets of patient notes on inspection which were not complete. There was missing documentation, care plans had not been reviewed and some entries had not been dated. Not all end of treatment sessions had been signed off by the member of staff caring for the patient. There were inconsistencies in the way staff reviewed and monitored patients. Within the records we reviewed there was missing documentation. Some entries within records did not have the start and finish time of dialysis recorded and medical consultations were missing. Some notes were not completed contemporaneously which meant there was a risk to patient safety as staff would not always be able to assess a patient's health record in the event of any deterioration in their condition.

The paper records were stored in lockable filing cabinets behind the nurses' station. This was not locked during our inspection as the cabinet was in regular use. However, the area was not left unattended or unobserved. All the paper records we viewed contained a picture of the patient for identification purposes which helped to identify patients.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff followed national practice to check patients had the correct medicines when they were being treated at the location. We saw medicine reviews had been carried out regularly and follow up actions were documented.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Staff stored medicines appropriately and monitored the fridge and ambient room temperature. We saw temperature records for medication storage, and these were done consistently with no gaps.

The service communicated medication alerts using the central alerting system (CAS) to inform staff of medication recalls or possible patient reactions.

We found an empty oxygen cylinder stored with full cylinders and if needed in an emergency could result in an empty oxygen cylinder being used. This was brought to the attention of the unit manager at the time of the inspection and we were assured action would be taken.

# Dialysis services

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. Staff reported incidents on both the service incident reporting system and the reporting system for the local NHS trust. Staff could provide examples of incidents which had been reported.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw three staff learning bulletins which detailed incidents, action taken, the investigation and findings and learning from the incidents. We saw that a recent incident had been shared at the clinical manager's meeting and learning shared with other services.

## Are Dialysis services effective?

Good 

Our rating of effective improved. We rated it as good.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

Patients care was planned with the NHS trust who commissioned the service. The service followed up to date policies in line with the NHS trust's contract agreement and planned services which were in line with best practice and national guidance.

The multi-disciplinary team (MDT) working was effective in planning care. The MDT discussed variations in patient treatments.

The service had measures in place for continued assessments of vascular access, line rates and monitoring of fistulas. However, we saw these assessments guidelines were not always followed.

## Nutrition and hydration

**Staff gave patients food and drink when needed.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

Staff fully and accurately completed patients' nutrition charts where needed.

Specialist support from staff such as dietitians was available for patients who needed it. A dietician visited the unit as required and we saw evidence of dietitian reviews had been carried out and advice provided based on individual requirements.

# Dialysis services

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. There was a tool staff could use with patients to communicate pain levels and a monthly pain assessment was undertaken for all patients.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment.**

The local NHS trust completed audits on the service and used the data to report to the UK Renal Registry. Patient outcomes were monitored monthly during governance and contract performance meetings with the commissioning trust. Patient reviews were also undertaken to ensure the outcomes were meeting and exceeding Renal Association standards. Overview of patient outcomes and safety key performance indicators were presented and discussed at the quarterly information governance meetings.

Outcomes for patients were positive, consistent and met expectations. Outcomes for patients met national standards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. We reviewed staff meeting minutes and saw that audit outcomes were discussed, action plans were agreed and implemented.

The service monitored patient waiting times after arrival, before starting dialysis and patient transport at the end of their treatment. Audits for May 2022 showed that 100% of patients started their treatment within 30 minutes of arriving at the unit. Audits showed no patients arrived later than their appointment treatment time and no patients waited longer than 30 minutes after dialysis for transport home. There were between 116 and 118 patients requiring transport and of these 11 travelled a distance with a journey time longer than 30 minutes.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

We reviewed eight staff files, these were a mixture of nursing staff, health care assistants and administration staff. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers kept a list of nursing staff registered with the Nursing Medical Council (NMC) and ensured these were valid and in date.

Managers gave all new staff a full induction tailored to their role before they started work.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers supported staff to develop through yearly, constructive appraisals of their work. The service informed us that 100% of their substantive staff had received an annual appraisal and the eight staff files we viewed all had appraisals documented. Bank and agency staff did not have an appraisal process but there was an induction and competency process for bank and agency staff.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

# Dialysis services

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The meetings included staff from both the provider and NHS trust. We spoke with staff who attended the multidisciplinary meetings and we reviewed minutes from these meetings. Patients' blood results and any medication changes were reviewed at these meetings and we saw actions to be taken or monitored in the minutes of these meetings.

Staff could always access either a consultant or on-call renal registrar for support. The service had effective links with the local NHS renal unit at the trust and referral pathways were in place.

Patients had a named consultant from the referring trust who reviewed their patient care regularly and who they could contact if there were any concerns. Face to face appointments took place regularly but if patients were unable to attend telephone contact would be made.

## Seven-day services

**Key services were available to support timely patient care.**

The unit was open Monday, Wednesday and Friday from 7am to 11.30 pm and Tuesday, Thursday and Saturday from 7am to 7pm

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

Patients had access to dietary advice from a dietitian. Patients we spoke with told us they had access to information about living healthier lives and support if needed.

We saw evidence of patient diet and fluid reviews completed by the dietitian and the dietary advice given to help improve health outcomes.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

The service leaders knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Following our inspection, we saw evidence patients had been assessed as needing support to make decisions about their care and treatment.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw training completion levels were at 100%.



## Dialysis services

The service had a policy on consent and staff could describe and knew how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff received training on understanding a patient living with dementia. Staff told us of a situation where a patient had started to show signs of dementia and a referral for support assessment and support had been made.

### Are Dialysis services caring?

Good 

Our rating of caring stayed the same. We rated it as good.

#### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

We observed staff were discreet and responsive when caring for patients. Patients said staff took time to interact with patients in a respectful and considerate way.

We spoke with four patients who all said staff treated them well and with kindness. Patients were complimentary about the service and one patient explained they had chosen this service over an alternative as they felt the service provided a more personal service.

Staff followed policy in keeping patient care and treatment confidential.

Staff understood and respected the individual needs of each patient. Patients were able to rearrange appointments to suit their work life or other commitments.

#### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress.**

We saw staff talking with patients in a caring and considerate manner. On arrival at the unit patients were greeted warmly and made to feel welcome.

Staff understood the emotional needs of patients and treated them with warmth. One patient we spoke with said that staff always have time to talk and discuss their treatment even when they are busy.

The service had referral pathways to the local trust which offered support to patients for physical and mental wellbeing. We saw information for access to the support services from a national charity supporting patients with kidney conditions. One member of staff we spoke with described assessing a patient in need of emotional support and the referral which had been made for psychological interventions.

#### Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

## Dialysis services

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service had access to translation services and interpreters.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service took part in patient satisfaction surveys and took action to make improvements to the care provided.

Patients gave positive feedback about the service. During our inspection we spoke with four patients who said they were happy with the care they received and were happy with the service provided.

### Are Dialysis services responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system to plan care.**

The service was commissioned by the local NHS trust to provide services to patients. The service had an agreement with the local trust with agreed patient numbers. Trust doctors attended the service to review patients and provide clinic sessions.

Facilities and premises were appropriate for the services being delivered. The unit was all on one level which made it easy for people with reduced mobility to use. The unit was spacious and open. There was adequate space between dialysis bays and beds. Single rooms were available for patients needing isolation. The service had disabled parking and patients we spoke with told us there were enough spaces available.

The service had systems to help care for patients in need of additional support or specialist intervention. Following our inspection, we reviewed six patient records where a review had been completed by the service dietician and advice on eating had been given to patients.

Managers monitored and took action to minimise missed appointments. Patients who missed appointments were contacted and another appointment booked. The service monitored appointments where the patient elected to end their dialysis session early and a disclaimer was signed by the patient to ensure they understood the consequences of not completing a full treatment session.

Managers ensured that patients who did not attend appointments were contacted.

### Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

# Dialysis services

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an accessible information assessment tool which would be completed with patients to assess any needs they may have to be supported to accessing and understanding information.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Translation phone line could be used and the details of how to access this service were displayed at the nurse's station. The service had no information leaflets available at reception or in patient areas in languages other than English, however staff told us these could be obtained from a provider resource if needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff told us of changes to the food planning which had been made to accommodate patients during Ramadan.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients we spoke with told us that they could make appointments at times that were convenient, and they were able to keep to a regular time slot.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets.

Managers worked to keep the number of cancelled appointments to a minimum.

Patients dialysing away from base were able to make these arrangements. The service had a policy for returning patients and they had MRSA screening done on first treatment back to the unit. Patients who had dialysed in the European Union would have a hepatitis screen on their first treatment in the unit and the machine was isolated until the results are available. All patients who have been on holiday to a non-EU destination would be dialysed in isolation on a designated machine for three months.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. We saw evidence of complaints that had been raised by patients and the service's responses. The service has a complaints procedure which was adhered to.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. All complaints or concerns were managed by the head of nursing and documented on the electronic system. The electronic system helped to identify themes from complaints and actions which were taken to make improvements.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw that complaints were discussed at the clinical managers meeting and the outcomes were shared.

# Dialysis services

Staff could give examples of how they used patient feedback to improve daily practice. The service had action plans to improve any areas where patient satisfaction scores were low.

## Are Dialysis services well-led?

Good 

Our rating of well-led improved. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

Local leaders displayed an in-depth knowledge of the services policies and procedures. They were able to demonstrate tasks undertaken to manage the day to day running of the unit in a productive way. They could demonstrate knowledge of the risks to the service and actions taken to mitigate interruptions in delivering safe patient care.

The service and commissioners held monthly meetings to discuss and review key performance indicators for example capacity, delays in treatment and feedback from customer surveys. The service provided reports on audit outcomes to the trust, incidents and action taken to improve services.

The service had regular contact with the referring trust and regular on-site visits which were reported by the service as being positive and supportive. For example, where a patient who was referred for dialysis treatment has concerns with procedures at the service, one of the commissioners would attend the service to discuss the concerns and find resolution.

Since our last inspection of the service leadership has changed and we saw evidence of improvements such as increased communication with staff when reporting incidents, appraisal completion and infection prevention control procedures.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action.**

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The strategy was based on the provider core values of service excellence, integrity, team, continuous improvement, accountability and fulfilment. The service had plans to action this strategy by caring, having a set of specific and observable behaviours, introducing service standards and team and patient interactions.

The vision for the service was to be 'The greatest healthcare community the world has even seen'.

Leaders understood and knew how to apply the vision and strategy and to monitor progress. Staff training sessions took place on the vision and strategy and improvements were discussed. The service developed strategy and action plans which were aligned to the strategy of the commissioning NHS trust. The provider held an engagement meeting with leaders to plan for greater staff involvement and creating a sense of belonging in the team. From the engagement meeting, action plans were developed and were going to be shared with the rest of the staff.

# Dialysis services

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. We saw evidence of opportunities for staff to develop their skills and learning.**

The service had an open culture where patients, their families and staff could raise concerns without fear. We spoke with five members of staff who told us they felt supported and able to raise concerns.

Staff were focused on the needs of patients. Patients we spoke with said that staff answered call bells quickly and efficiently and addressed their concerns promptly. Patients felt they could discuss their treatment with the clinical staff and would be listened to. We observed patients needing assistance being responded to in an appropriate and timely manner.

Staff reported that the managers were open and approachable.

Staff working at the unit told us they were part of a team. During the staff handover meeting we saw appropriate challenge of clinical decisions and discussions about best practice and patient care. Staff were supported to discuss cases and share learning.

Personal development plans, which the service leaders completed with staff, provided opportunities for staff to discuss their development goals and request opportunities to access additional learning or professional development courses. Staff were encouraged to attend conferences and seminars for learning and development. Some of the conferences and seminars had been broadcast online during the Covid-19 pandemic for learning and development. The local trust offered short courses on renal dialysis which staff could also attend. We saw evidence of staff being offered the opportunity to attend the UK Kidney Week conference for 2022.

We saw that good news involving staff achievements was shared and celebrated. The service organised events to improve team bonding such as International Nurses Day.

## Governance

**Governance processes were mostly effective. Local leaders had process in place but had not always taken action to support the delivery of safe services. Staff at all levels had regular opportunities to meet, discuss and learn from the performance of the service.**

We reviewed four patient records which were not completed in line with service policies and procedures. The service completed patient records audits which identified gaps in compliance. Following our inspection, we saw monthly patient record audits from the previous 12 months and there had been a marked improvement, but there were still some gaps in the documentation and administration of files.

At the monthly Integrated Governance Meeting and Monthly Clinical Managers Meeting, leaders discussed audit outcomes, themes and action plans. We saw minutes from the period December 2021 to May 2022. Action plans included focusing on infection prevention and control (specifically cleaning of equipment between treatments), storage of equipment, focusing on hand hygiene and monitoring of fridge temperatures.

The service had a formal staff induction process for new starters and a competency-based assessment was also completed for new starters.

# Dialysis services

Staff had regular meetings and we reviewed three sets of meeting minutes. The meetings followed a formal agenda and set items were discussed; which included but was not limited to learning from incidents and policy updates.

The provider met monthly with the local NHS trust who commissioned their services. We reviewed three sets of minutes from these meetings and areas of discussion included but was not limited to risk, incidents, infection updates and service capacity. Evidence provided to us following our inspection summarised that the services was consistently meeting the key performance indicators set by the trust.

## Management of risk, issues and performance

**Leaders and teams had systems to manage performance effectively. They did identify relevant risks and issues and take action to reduce their impact. The service did have contingency plans to cope with unexpected events.**

The service had a risk register which detailed actions to mitigate the risk to patients and loss of service. The main risks identified by the service were loss of utilities which would impact on their provision of care to patients, staffing shortages due to Covid-19 staff infections and maintaining staffing due to severe weather conditions. The provider managed risks using a corporate and clinical risk register. The unit manager was able to easily access the risk register and was aware of the risks to the unit. Risks were discussed at monthly meetings and reviewed.

The provider had business continuity plans for significant events that would affect the service. These included loss of power, water and adverse weather conditions and the location had an individual risk assessment for major incidents.

The service had systems to carry out safety checks on equipment for patient care. We saw evidence these checks were being done at regular intervals as required but were not effective.

There were audits to monitor performance and actions for improvement or identified learning. Audits were aligned with key performance indicators agreed with the commissioning NHS trust, at the contract commencement. Audit findings were discussed with staff and we saw evidence that if the audit outcome fell below the expected outcome for the service, audits were repeated until the practice improved.'

Audit outcomes were reported to the commissioning NHS trust and discussed at monthly meetings involving both parties.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.**

Data was shared with clinicians from the NHS trust in addition to the corporate provider. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Consultants at the referring trust reviewed blood test results and treatment plans were amended as necessary. Staff met to discuss patients on a monthly basis and any recommendations for changes in treatment or medication were made at these meetings.

Details of any deteriorating patients were reported on both the service and referring trust incident reporting systems. These patients were then discussed at the monthly meeting.

# Dialysis services

## Engagement

**Leaders and staff actively and openly engaged with local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

The service had a strong focus on patient satisfaction surveys, and we saw provider survey results which scored overall patient satisfaction at 95% and helpfulness of staff at 100%. The unit also provided evidence of their score in the annual Patient Reported Experience Measure 2021 report which was conducted by a national charity supporting patients with kidney conditions and describes how people with kidney disease rated their experience of kidney care. The unit scored 6.3 out of a possible seven for overall experience.

The service had action plans to improve any areas where patient satisfaction scores were low.

The provider had also carried out staff surveys which achieved a 76% response rate. The outcomes of the survey were discussed and action plans were implemented to improve staff satisfaction.

The service leaders attended service level agreement meetings with the commissioning NHS trust at which capacity, incidents, actions from incidents and service updates were discussed.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

Leaders took action to learn from incidents and to use this learning for the improvement of services. Leaders produced action cards as brief guides for staff to use in relation to subjects such as venous needle dislodgement and patient assessment.

The service was supporting the local trust research teams with a blood for transplantation research projects relating to anaemia and management of renal bone disease.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  The service must ensure patient records are an accurate record, up to date and include all decisions taken in relation to care and treatment. Regulation 17: Good governance.